Stroke Center
Data Dictionary

Los Angeles County

Emergency Medical Services Agency

**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

LANCET TECHNOLOGY

Innovative Data Solutions

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INCLUSION CRITERIA

WAS THE PATIENT TRANSPORTED BY EMS VIA 9-1-1 SYSTEM?

Definition

Checkbox indicating whether the patient was transported to your facility by EMS via the 9-1-1 system

Field Values

- **Y:** Yes
- **N:** No

Additional Information

- This does not apply to patients who suffer a stroke while they are an inpatient at your facility and whose initial presentation was not stroke related

Uses

- Identify patients for inclusion
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records

DID THE PATIENT MEET PREHOSPITAL CARE POLICY REF. 1251, STROKE/ACUTE NEUROLOGICAL DEFICITS?

Definition

Checkbox indicating whether the patient met Los Angeles County's Prehospital Care Policy Reference No. 1251, Stroke/Acute Neurological Deficits

Field Values

- **Y:** Yes
- **N:** No

Uses

- Identify patients for inclusion
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log

WAS THE FINAL HOSPITAL OR ED DIAGNOSIS STROKE RELATED?

Definition

Checkbox indicating whether the patient had a final hospital (if admitted) or ED (if not admitted) diagnosis that was stroke related

Field Values
- **ISC:** Ischemic Stroke
- **TIA:** Transient Ischemic Attack
- **ICH:** Intracerebral Hemorrhage
- **IVH:** Intraventricular Hemorrhage
- **SAH:** Subarachnoid Hemorrhage

Uses
- Identify patients for inclusion
- Assists with determination of appropriate treatment
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records
- Billing Sheet/Medical Records Coding Summary Sheet
- Other Hospital Records

WAS THE PATIENT TRANSPORTED TO YOUR FACIILTY BECAUSE FACILITY IS A STROKE CENTER?

Definition

Checkbox indicating whether the patient was transported to your facility via EMS because your facility is a stroke center

Field Values

- **Y:** Yes
- **N:** No

Uses

- Identify patients for inclusion
- Assists with determination of appropriate destination
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records
- Billing Sheet/Medical Records Coding Summary Sheet
- Other Hospital Records

WAS PATIENT TRANSFERRED FROM ANOTHER FACILITY FOR STROKE CARE?

Definition

Checkbox indicating whether the patient was transferred from an acute care facility to your facility for stroke care

Field Values
- **Y:** Yes
- **N:** No

Uses
- Identify patients for inclusion
- Assists with determination of appropriate destination
- System evaluation and monitoring

Data Source Hierarchy
- Stroke Center Log
- ED Records
- Billing Sheet/Medical Records Coding Summary Sheet
- Other Hospital Records

TRANSFERRING FACILITY

Definition

    Acute care facility from which the patient was transferred

Field Values

LOS ANGELES COUNTY 9-1-1 RECEIVING HOSPITALS			
ACH	Alhambra Community Hospital	NOR	LA Community Hospital of Norwalk
AVH	Antelope Valley Medical Center	LAD	Los Angeles Metro Hospital
BEV	Beverly Hospital	DFM	Marina Del Rey Hospital
BMC	Southern Calif. Hospital at Culver City	MLK	Martin Luther King Jr. Community Hospital
CAL	California Medical Center	MHG	Memorial Hospital of Gardena
AHM	Catalina Island Medical Center	AMH	Methodist Hospital of Southern California
CSM	Cedars-Sinai Medical Center	MCP	Mission Community Hospital
CNT	Centinela Hospital Medical Center	MPH	Monterey Park Hospital
CHH	Children's Hospital Los Angeles	NRH	Northridge Hospital Medical Center
ICH	Citrus Valley – Intercommunity	MID	Olympia Medical Center
QVH	Citrus Valley – Queen of the Valley	PAC	Pacifica Hospital of the Valley
CPM	Coast Plaza Doctors Hospital	PLB	College Medical Center
CHP	Community Hospital of Huntington Park	PVC	Pomona Valley Hospital Medical Center
LBC	Community Hospital of Long Beach	PIH	PIH Health Hospital – Whittier
DCH	PIH Health Hospital – Downey	HCH	Providence Holy Cross Medical Center
ELA	East Los Angeles Doctors	SPP	Providence Little Co. of Mary San Pedro
HEV	East Valley Hospital	LCM	Providence Little Co. of Mary Torrance
ENH	Encino Hospital Medical Center	SJH	Providence Saint John's Health Center
FPH	Foothill Presbyterian Hospital	SJS	Providence Saint Joseph Medical Center
GAR	Garfield Medical Center	TRM	Providence Tarzana Medical Center
GWT	Glendale Adventist Medical Center	QOA	Queen of Angels/Hollywood Presbyterian
GMH	Glendale Memorial Hospital	UCL	Ronald Reagan UCLA Medical Center
GSH	Good Samaritan Hospital	SFM	Saint Francis Medical Center
GEM	Greater El Monte Community	SMM	Saint Mary Medical Center
HGH	Harbor-UCLA Medical Center	SVH	Saint Vincent Medical Center
HMN	Henry Mayo Newhall Hospital	SDC	San Dimas Community
HMH	Huntington Memorial Hospital	SGC	San Gabriel Valley Medical Center
KFA	Kaiser Permanente Baldwin Park	SMH	Santa Monica-UCLA Medical Center
KFB	Kaiser Permanente Downey Med Ctr	SOC	Sherman Oaks Community Hospital
KFL	Kaiser Permanente Los Angeles Med Ctr	TOR	Torrance Memorial Med Ctr
KFP	Kaiser Permanente Panorama City Hosp	TRI	Tri-City Regional Med Ctr
KFH	Kaiser Permanente South Bay Med Ctr	VPH	Valley Presbyterian Hospital
KFW	Kaiser Permanente West LA Med Ctr	VHH	USC Verdugo Hills Hospital
KFO	Kaiser Foundation Woodland Hills	HWH	West Hills Hospital & Medical Center
OVM	LAC Olive View Medical Center	WMH	White Memorial Medical Center
USC	LAC USC Medical Center	WHH	Whittier Hospital Medical Center
DHL	Lakewood Regional Medical Center	WVA	Wadsworth Veterans Administration
LCH	Palmdale Regional Medical Center	OTH	Other
LBM	Long Beach Memorial Medical Center	ND	Not Documented

OUT OF COUNTY 9-1-1 RECEIVING HOSPITALS			
LRR	Los Robles Hospital & Med Ctr (Ventura)	SJD	Saint Jude Medical Center (Orange)

Uses
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records
- Progress Notes

911 PREHOSPITAL DATA

SEQUENCE NUMBER

Definition

Unique, alphanumeric EMS record number provided by the EMS provider. Found pre-printed at the top right corner of EMS report form hard copies, or electronically assigned to ePCRs from approved providers.

Additional Information

- Data entry cannot begin without this number
- Consists of two letters and six digits on pre-printed EMS Report Forms; or two letters, ten digits if obtained from an approved ePCR provider
- If sequence number is missing or incorrectly documented, every effort must be taken to obtain it – by reviewing the patient's medical record, or by contacting either the Prehospital Care Coordinator of the applicable base hospital or the EMS provider that transported the patient

Uses

- Unique patient identifier

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Fire Station logs

PROVIDER

Definition

Two-letter code for the EMS provider primarily responsible for the patient's prehospital care

Field Values

	PUBLIC PROVIDERS		
AF	Arcadia Fire	LV	La Verne Fire
AH	Alhambra Fire	MB	Manhattan Beach Fire
AV	Avalon Fire	MF	Monrovia Fire
BA	Burbank Airport Fire	MO	Montebello Fire
BF	Burbank Fire	MP	Monterey Park Fire
BH	Beverly Hills Fire	ND	Not Documented
CB	LA County Beaches	OT	Other Provider
CC	Culver City Fire	PF	Pasadena Fire
CF	LA County Fire	RB	Redondo Beach Fire
CG	US Coast Guard	SA	San Marino Fire
CI	LA City Fire	SG	San Gabriel Fire
CM	Compton Fire	SI	Sierra Madre Fire
CS	LA County Sheriff	SM	Santa Monica Fire
DF	Downey Fire	SP	South Pasadena Fire
ES	El Segundo Fire	SS	Santa Fe Springs Fire
FS	U.S. Forest Service	TF	Torrance Fire
GL	Glendale Fire	VE	Ventura County Fire
HB	Hermosa Beach Fire	WC	West Covina Fire
LB	Long Beach Fire	VF	Vernon Fire
LH	La Habra Heights Fire		
	PRIVATE PROVIDERS		
AA	American Professional Ambulance Corp.	LY	Lynch EMS Ambulance
AB	AmbuLife Ambulance, Inc.	MI	MedResponse, Inc.
AC	Americare Ambulance Service	ML	Med-Life Ambulance
AE	Aegis Ambulance Service	MR	MedReach Ambulance
AN	Antelope Ambulance Service	MS	Medi-Star Transport
AR	American Medical Response	MY	Mercy Air
AT	All Town Ambulance	PE	Premier Medical Transport
AU	AmbuServe Ambulance	PN	PRN Ambulance, Inc.
AW	AMWest Ambulance	PT	Priority One
CA	CARE Ambulance	RE	REACH Air Medical Service
EX	Explorer 1 Ambulance & Medical Services	RR	Rescue Services International
FC	First Care Ambulance	SC	Schaefer Ambulance
FM	Firstmed Ambulance Services, Inc.	SO	Southern California Ambulance
GC	Gentle Care Transport	ST	Star Medical Transportation, Inc.
GU	Guardian Ambulance Service	SY	Symons Ambulance
IA	Impulse Ambulance	WE	Westcoast Ambulance
LE	Lifeline Ambulance	WM	West Med/McCormick Ambulance Service
LT	Liberty Ambulance		

Uses
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Base Hospital Form

ALS UNIT

Definition

Numeric unit number of the Advanced Life Support (ALS) provider that transported the patient

Field Values

- Up to three-digit numeric field

Additional Information

- This is a free-text field

Uses

- System evaluation and monitoring

Data Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- ED Records

DISPATCH DATE

Definition

Date the provider was notified by dispatch of the incident

Field Values

- Collected as MMDDYYYY

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- EMS Report Form

DISPATCH TIME

Definition

Time of day the provider was notified by dispatch of the incident

Field Values

- Collected as HHMM
- Use 24-hour clock

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- EMS Report Form

911 ARRIVAL AT PATIENT DATE

Definition
Date 9-1-1 EMS personnel arrived at the patient

Field Values
- Collected as MMDDYYYY
- ND: Not Documented

Uses
- Establishes care intervals and incident timelines

Data Source Hierarchy
- EMS Report Form

911 ARRIVAL AT PATIENT TIME

Definition

Time 9-1-1 EMS personnel arrived at the patient

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- EMS Report Form

PATIENT'S INITIAL COMPLAINT CODE

Definition

Two-letter code(s) representing the patient's most significant medical or trauma complaints

Field Values – Medical Codes

MEDICAL CODES	
AD	Agitated Delirium
AP	Abd/Pelvic Pain
AR	Allergic Reaction
AL	Altered LOC
AE	Apneic Episode
TE	Apparent Life Threatening Event (ALTE)
EH	Behavioral
OS	Bleeding Other Site (NOT associated with trauma, e.g., dialysis shunt)
CA	Cardiac Arrest (NOT associated with trauma)
CP	Chest Pain (NOT associated with trauma)
CH	Choking/Airway Obstruction
CC	Cough/Congestion
DC	Device Complaint (associated with an existing medical device – e.g., G-Tube, AICD, ventilator, etc.)
DI	Dizzy
DY	Dysrhythmia
FE	Fever
FB	Foreign Body (anywhere in body)
GI	Gastrointestinal Bleeding
HP	Head Pain (NOT associated with trauma)
HY	Hypoglycemia
IM	Inpatient Medical Interfacility Transfer (IFT) of an admitted, ill (NOT injured) patient, from one facility to another facility
LA	Labor (>20 weeks pregnant with signs or symptoms of labor)
LN	Local Neuro Signs (weakness, numbness, paralysis – including slurred speech, facial droop, aphasia)
NV	Nausea/Vomiting
ND	Near-Drowning/Drowning (submersion causing water inhalation, unconsciousness, or death)
NB	Neck/Back Pain (NOT associated with trauma)
NW	Newborn (infant delivered outside of the hospital setting)
NC	No Medical Complaint
NO	Nosebleed
OB	Obstetrics (any complaints which may be related to a known pregnancy)
OP	Other Pain (pain at a site not listed, NOT associated with trauma – e.g., toothache,

	ear pain, etc.)
OD	Overdose (dose greater than recommended or generally given)
PO	Poisoning (ingestion of, or contact with, a toxic substance)
PS	Palpitations
RA	Respiratory Arrest (cessation of breathing NOT associated with trauma)
SE	Seizure (NOT associated with trauma)
SB	Shortness Of Breath
SY	Syncope
VA	Vaginal Bleeding
WE	Weakness
OT	Other (signs or symptoms not listed above, NOT associated with trauma)
TRAUMA CODES	
NA	No Apparent Injury (no complaint or injury following a traumatic event)
BA	Blunt Abdomen
BB	Blunt Back
BC	Blunt Chest
BE	Blunt Extremities
BF	Blunt Face/Mouth (from/including the eyebrows, down to/including the angle of the jaw and the ears)
BG BK	Blunt Genitals/Buttocks
BH	Blunt Head (from above the eyebrows to behind the ears; and facial injuries when brain injury is suspected)
BL	Blunt Minor Lacerations (superficial abrasions/contusions to skin or subcutaneous tissue)
BN	Blunt Neck (between the angle of the jaw and clavicles, including suspected cervical spine injuries)

Additional Information
- Enter up to three complaints
- If the patient has multiple complaints, enter in order of significance

Uses
- System evaluation and monitoring
- Epidemiological statistics

Data Source Hierarchy
- EMS Report Form
- Stroke Center Log
- Base Hospital Form
- Base Hospital Log

LAST KNOWN WELL DATE/TIME DOCUMENTED?

Definition
Indicates whether EMS personnel documented the patient's last known well date and/or time

Field Values
- **Y:** Yes
- **N:** No
- **U:** Unknown

Additional Information
- A "Yes" value indicates that the patient's last known well date and/or time was documented by EMS personnel
- A "No" value indicates that the patient's last known well date and/or time was left blank by EMS personnel
- A "Unknown" value indicates that EMS personnel documented the patient's last known well date/time as "Unk"

Uses
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- Stroke Center Log
- EMS Report Form
- Base Hospital Form

LAST KNOWN WELL DATE

Definition

Date when the patient was last known to be well, symptom-free, or at baseline or usual state of health, per EMS provider documentation

Field Values

- Collected as MMDDYYYY
- ND: Not Documented (last well date not documented by EMS)

Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- Stroke Center Log
- EMS Report Form
- Base Hospital Form

LAST KNOWN WELL TIME

Definition
Time of day when the patient was last known to be well, symptom-free, or at baseline or usual state of health per EMS provider documentation

Field Values
- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented (last well time not documented by EMS)

Additional Information
- Estimates to within nearest 15 minutes are acceptable

Uses
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- Stroke Center Log
- EMS Report Form
- Base Hospital Form

BLOOD GLUCOSE

Definition

Initial numeric value of the patient's blood glucose measurement obtained by EMS personnel

Field Values

- Up to three-digit numeric value
- **LO:** Alpha reading indicating blood sugar level is lower than manufacturer's numeric low value threshold
- **HI:** Alpha reading indicating a blood sugar level is higher than manufacturer's numeric high value threshold
- **ND:** Not Documented

Additional Information

- Measured in milligrams per deciliter (mg/dl)

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Other Hospital Records

mLAPSS DOCUMENTED?

Definition

Checkbox indicating whether EMS providers used the Modified Los Angeles Prehospital Stroke Screen (mLAPSS) to assess the patient

Field Values

- **Y:** Yes
- **N:** No

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records
- Other Hospital Records

mLAPSS MET

Definition
Checkbox indicating whether or not patient met all Modified Los Angeles Prehospital Stroke Screen (mLAPSS) criteria

Field Values
- **Y**: Yes, patient met all mLAPSS criteria
- **N**: No, patient did not meet all mLAPSS criteria

Additional Information
- mLAPSS criteria include:
  - Symptom duration of less than 6 hours
  - No history of seizures or epilepsy
  - Age ≥ 40
  - At baseline, patient is not wheel-chair bound or bedridden
  - Blood glucose value between 60 and 400mg/dL
  - Obvious asymmetry or unilateral weakness is observed in one or more of the following:
    - Facial Smile/Grimace
    - Grip
    - Arm Strength
- Blood glucose value must be documented in order to determine whether all criteria are met

Uses
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Base Hospital Form
- Stroke Center Log

LAMS PERFORMED?

Definition

    Checkbox indicating whether EMS providers performed the Los Angeles Motor Scale (LAMS) to assess the patient

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Other Hospital Records

LAMS SCORE

Definition

Sum of the three numerical values documented for facial droop, arm drift, and grip strength in a suspected stroke patient

Field Values

- One-digit numeric value between 0 and 5

Additional Information

- LAMS includes 3 components:
  - Facial Droop
    - Absent=0
    - Present=1
  - Arm Drift
    - Absent=0
    - Drifts Down=1
    - Falls Rapidly=2
  - Grip Strength
    - Normal=0
    - Weak Grip=1
    - No Grip=2
- A large vessel occlusion should be suspected in patients with a score of ≥ 4, therefore these patients should be transported to the closest comprehensive stroke center
- Patients with a score < 4 should be transported to the closest primary stroke center

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Other Hospital Records

PREHOSPITAL RESEARCH STUDY ENROLLMENT?

Definition
Checkbox indicating whether the patient was enrolled in a prehospital research study

Field Values
- **Y:** Yes
- **N:** No
- **ND:** Not documented

Uses
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Stroke Center Log

ED NOTIFIED?

Definition

Checkbox indicating whether the receiving hospital was notified prior to the arrival of the suspected stroke patient

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Stroke Center Log
- ED Records
- EMS Report Form
- Base Hospital Form
- Base Hospital Log

FIELD TRIAGE DECISION

Definition

Indicates the destination decision made by EMS personnel in the field

Field Values

- **M:** MAR (closest receiving facility)
- **A:** Primary Stroke Center
- **K:** Comprehensive Stroke Center
- **U:** Unknown
- **ND:** Not documented

Additional Information

- Mark "Unknown" if the destination checked on the EMS Report Form is anything other than MAR, Primary Stroke Center, or Comprehensive Stroke Center

Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form

HOSPITAL-BASED DATA

PATIENT AGE

Definition
    Numeric value for the patient's age in years (actual or best approximation)

Field Values
- Up to three-digit numeric value
- ND**:** Not documented

Uses
- Allows for data sorting and tracking by age
- Assists with patient identification
- Epidemiological statistics

Data Source Hierarchy
- Stroke Center Log
- Facesheet
- ED Records
- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

GENDER

Definition

    Checkbox indicating the patient's gender

Field Values
- **F:** Female
- **M:** Male
- **O:** Other

Additional Information
- Patients who are undergoing or have undergone a hormonal and/or surgical sex reassignment should be coded using their stated preference
- Patients unable to state their preference should be coded according to medical observation/judgment

Uses
- Assists with patient identification
- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Base Hospital Form
- ED Records
- Stroke Center Log
- Base Hospital Log
- Facesheet
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

DATE OF BIRTH

Definition
    The patient's date of birth

Field Values
- Collected as MMDDYYYY
- **ND:** Not documented

Uses
- Used to calculate patient age in years
- Assists with patient identification
- System evaluation and monitoring

Data Source Hierarchy
- Facesheet
- ED Records
- Billing Sheet / Medical Records Coding Summary Sheet
- EMS Report Form

RACE

Definition
Checkbox indicating the race of the patient

Field Values
- **A:** Asian/Non Pacific Islander: includes those from the Far East, southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Hmong, Thailand, and Vietnam
- **B:** Black: Includes African-American and Haitian
- **N:** Native American: A person having origins in any of the original peoples of North and South American (including Central America) and who maintains tribal affiliation or community attachment (e.g., any recognized tribal entity in North and South America [including Central America], Native American).
- **P:** Pacific Islander/Native Hawaiian: Includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- **W:** White: implies White or origins in Europe, Middle East or North Africa (e.g., Caucasian, Iranian, White)
- **O:** Other
- **U:** Unable to determine
- **ND:** Not Documented: race is unknown or not documented

Additional Information
- Patient race should be coded as stated by patient or family member

Uses
- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy
- Facesheet
- ED Records
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

HISPANIC?

Definition

Checkbox indicating whether or not the patient is of Hispanic or Latino ethnicity

Field Values

- **Y:** Yes
- **N:** No
- **UTD:** Unable to determine

Additional Information

- Patient ethnicity should be coded as stated by patient or family member

Uses

- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy

- Facesheet
- ED Records
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

MODE OF ARRIVAL

Definition
   Checkbox indicating the patient's mode of transport to your facility

Field Values
- **A:** 9-1-1 air
- **G:** 9-1-1 ground
- **PA:** Private provider - air
- **PG:** Private provider - ground
- **ND:** Not Documented

Additional Information
- 9-1-1 refers to patients brought in by fire department paramedics
- Private provider refers to patients brought in by critical care transport teams

Uses
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- EMS Report Form
- Stroke Center Log
- ED Records

ARRIVAL TO HOSPITAL DATE

Definition

The date the patient arrived at your facility

Field Values

- Collected as MMDDYYYY
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- Stroke Center Log
- Facesheet
- ED Records
- History and Physical

ARRIVAL AT HOSPITAL TIME

Definition
  The time of day that the patient arrived at your facility

Field Values
  - Collected as HHMM
  - Use 24-hour clock

Uses
  - Establishes care intervals and incident timelines

Data Source Hierarchy
  - Stroke Center Log
  - Facesheet
  - ED Records
  - History and Physical

FINAL LAST KNOWN WELL DATE

Definition
Date when the patient was last known to be well, symptom-free, or at baseline or usual state of health, per hospital documentation

Field Values
- Collected as MMDDYYYY
- **ND:** Not documented

Uses
- Assists with determination of appropriate treatment
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- ED Records
- History and Physical
- Other hospital records

FINAL LAST KNOWN WELL TIME

Definition
　　Time when the patient was last known to be well, symptom-free, or at baseline or usual state of health, per hospital documentation

Field Values
- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Additional Information
- Estimates to within nearest 15 minutes are acceptable

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- ED Records
- History and Physical
- Other hospital records

PRIOR AMBULATORY STATUS

Definition

Checkbox indicating the patient's ambulatory status prior to current event

Field Values

- **A:** With assistance from another person (with or without device)
- **I:** Ambulates independently without assistance from another person (with or without device)
- **U:** Unable
- **ND:** Not Documented

Uses

- Establishes patient's baseline ambulatory status
- Assists with determining the severity of the event and the patient's response to treatment

Data Source Hierarchy

- ED Records
- History and Physical
- Other hospital records

INIT NIH STROKE SCALE PERFORMED

Definition

Checkbox indicating whether the National Institutes of Health (NIH) Stroke Scale was performed on the patient at your facility

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Additional Information

- Only respond "Yes" if the complete NIH Stroke Scale was performed within 48 hours of presentation
- If another stroke scale was performed instead, including the Modified NIH Stroke Scale, answer "No"

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- History and Physical
- Other hospital records

NIH STROKE SCALE

Definition

The numerical value of the NIH Stroke Scale

Field Values

- Numeric value
- **ND:** Not documented

Uses

- Provides documentation of assessment/care
- Assists with determination of severity of event

Data Source Hierarchy

- ED records
- History and Physical
- Other hospital records

BRAIN IMAGING PERFORMED AT YOUR FACILITY?

Definition

Checkbox indicating whether a CT or MRI of the head was performed at your facility for this episode of care

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- Radiology report
- Progress notes
- Other hospital records

INITIAL BRAIN IMAGING DATE

Definition

Date of the initial CT/MRI of the head performed at your facility from the DICOM header information for this episode of care. This is the date printed on the hard copy of the film, or available when reviewing the image digitally.

Field Values

- Collected as MMDDYYYY

Additional Information

- Use the date indicated on the radiology report only if it clearly indicates the date of study initiation or completion (date of initiation preferred) and NOT date of scheduling, dictation or reporting.

Uses

- Provides documentation of assessment/care
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- Radiology report
- ED records
- History and Physical
- Other hospital records

INITIAL BRAIN IMAGING TIME

Definition

Time of day of the initial CT/MRI of the head performed at your facility from the DICOM header information for this episode of care. This is the time printed on the hard copy of the film, or available when reviewing the image digitally.

Field Values

- Collected as HHMM
- Use 24-hour clock

Additional Information

- Use the time indicated on the radiology report only if it clearly indicates the time of study initiation or completion (time of initiation preferred) and NOT time of scheduling, dictation or reporting.

Uses

- Provides documentation of assessment/care
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- History and Physical
- Other hospital records

WAS ANGIOGRAPHIC IMAGING PERFORMED?

Definition

Was angiographic imaging (CTA or MRA) performed on initial evaluation at your facility, or prior to arrival at your facility for transfers?

Field Values
- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- Radiologic reports
- Hospital discharge summary
- ED records
- Progress notes
- Other hospital records

LARGE VESSEL ACUTE OCCLUSION?

Definition

Checkbox indicating that was there a large vessel acute occlusion based upon initial angiographic study (CTA/MRA).

Field Values
- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Additional Information
- Examples include clots located in the following locations: basilar, posterior or anterior cerebral artery; internal cerebral artery; or spenoidal (M1) or insula (M2) branch of the middle cerebral artery
- Angiographic study is defined as: Computed Tomography Angiography (CTA) or Magnetic Resonance Angiogram (MRA)

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- Radiologic reports
- Hospital discharge summary
- Progress notes
- Other hospital records

THERAPIES/INTERVENTIONS

IV THROMBOLYTIC THERAPY AT TRANSFERRING FACILITY?

Definition

Checkbox indicating whether thrombolytic therapy was initiated at the transferring facility

Field Values

- **Y:** Yes
- **N:** No

Additional Information

- If thrombolytic therapy was initiated at another facility, document "No"

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- Other hospital records

IV THROMBOLYTIC THERAPY AT YOUR FACILITY?

Definition

Checkbox indicating whether thrombolytic therapy was initiated at your facility

Field Values

- **Y:** Yes
- **N:** No

Additional Information

- If thrombolytic therapy was initiated at another facility, document "No"

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- Other hospital records

IV THROMB. THERAPY DATE

Definition
    Date that the patient received thrombolytic therapy

Field Values
- Collected as MMDDYYYY
- **ND:** Not documented

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- ED records
- Other hospital records

IV THROMB. THERAPY TIME

Definition
Time of day that the patient received thrombolytic therapy

Field Values
- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- ED records
- Other hospital records

COMPLICATIONS OF THROMBOLYTIC THERAPY?

Definition

Checkbox indicating whether the patient experienced any complications related to thrombolytic therapy

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not documented

Additional Information

- Serious complications are defined as an intracranial or systemic hemorrhage < 36 hours from initiation of therapy that resulted in a prolonged length of stay or the need for additional medical interventions or higher level of care

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- Other hospital records

COMPLICATIONS

Definition
   Checkbox indicating serious complications that occurred that were unexpected or out of proportion to the patient's expected course, and that were documented as complications of thrombolytic therapy (e.g., rapid development of malignant edema, angioedema, or recurrent stroke)

Field Values
- **ICH:** Intracranial hemorrhage <36 hours from initiation of therapy – a CT within 36 hours shows intracranial hemorrhage AND physician's notes indicate clinical deterioration due to hemorrhage
- **HEM:** Systemic hemorrhage <36 hours from initiation of therapy – bleeding within 36 hours of therapy and > 3 transfused units of blood within 7 days, or before discharge (whichever is earlier) AND physician note attributing bleeding problem as reason for transfusion
- **OTH:** Other

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- Other hospital records

COMPLICATION, IF OTHER

Definition

Field provided to specify type of complication not identified in the "Complications" picklist

Field Values

- Free text comment field

Additional Information

- Required field if "Other" is chosen as in the "Complications" field

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Billing sheet / Medical records coding summary sheet
- Progress notes
- Other hospital records

CONTRAINDICATIONS/WARNINGS

Definition

Reasons or risk factors associated with not initiating IV thrombolytic therapy - use the Ctrl key to select all that apply

Field Values

AB	Active internal bleeding <22 days prior to event	MI	MI in previous 3 months
AGE	Advanced age	MOR	Life expectancy <1 year, severe co-morbid illness, or Comfort Measures Only (CMO) on admission
BLD	Platelets <100,000, PTT >40 sec. after heparin use, PT >15, INR >1.7, or known bleeding tendencies	NIH25	NIHSS >25
BP	SBP > 185 or DBP > 110mmHG despite treatment	OR	Recent intracranial or spinal surgery, head trauma, or stroke (<3 mo.)
		OTH	Other
BRAIN	History of intracranial hemorrhage, brain aneurysm, vascular malformation, or brain tumor	PRG	Pregnancy
		PTA	Delay in patient arrival
BS	Glucose <50 or >400 mg/dl	REF	Patient/family refused
CT	CT findings of ICH, SAH, or major infarct signs	SAH	Suspicion of subarachnoid hemorrhage
DX	Delay in stroke diagnosis	SE	Seizure at onset
HOSP	In hospital time delay	SMD	Stroke severity too mild
HTH	Left heart thrombus	SSV	Stroke severity too severe (e.g. NIHSS >22)
HX	Prior stroke and diabetes	tPA	IV or IA tPA given at outside hospital
IMP	Rapid improvement	TR	Recent surgery/trauma (<15 days)
IRB	Increased risk of bleeding	UTD	Care team unable to determine eligibility
IV	No IV access	WAR	Currently taking oral anticoagulants(e.g., Warfarin)
MCA	CT findings of >1/3 Middle Cerebral Artery (MCA) Infarction		

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- History and Physical
- Other hospital records

ENDOVASCULAR PROCEDURE PERFORMED?

Definition

Checkbox indicating whether an endovascular procedure for clot treatment was performed at your facility

Field Values

- **Y:** Yes
- **N:** No

Additional Information

- If an endovascular procedure for clot treatment was initiated at another facility, document "No"
- Endovascular procedure includes any therapy that requires arterial puncture including intra-arterial TPA and mechanical endovascular reperfusion.

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- IR records
- OR records
- Other hospital records

ARTERIAL PUNCTURE DATE

Definition

Date that arterial puncture was performed for clot treatment on the patient at your facility

Field Values

- Collected as MMDDYYYY
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- IR records
- OR records
- Other hospital records

ARTERIAL PUNCTURE TIME

Definition
Time that arterial puncture was performed for clot treatment on the patient at your facility

Field Values
- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- IR records
- OR records
- Other hospital records

IA THROMBOLYTIC THERAPY?

Definition

Checkbox indicating whether intra-arterial thrombolytic therapy was initiated at your facility

Field Values

- **Y:** Yes
- **N:** No

Additional Information

- If intra-arterial thrombolytic therapy was initiated at another facility, document "No"

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Other hospital records

IA THROMB. THERAPY DATE

Definition
    Date that the patient received intra-arterial thrombolytic therapy at your facility

Field Values
- Collected as MMDDYYYY
- **ND:** Not documented

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- OR records
- Other hospital records

IA THROMB. THERAPY TIME

Definition

Time of day that the patient received intra-arterial thrombolytic therapy at your facility

Field Values

- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Other hospital records

MER TREATMENT?

Definition
Checkbox indicating whether mechanical endovascular reperfusion (MER) therapy was initiated at your facility

Field Values
- **Y:** Yes
- **N:** No
- **ND:** Not documented

Uses
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- OR records
- Billing sheet / Medical records coding summary sheet
- Progress notes
- Other hospital records

MER DATE

Definition

    Date that the patient received MER therapy at your facility

Field Values
- Collected as MMDDYYYY
- **ND:** Not documented

Additional Information
- MER date should be the date when reperfusion was accomplished

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- OR records
- Other hospital records

MER TIME

Definition
Time of day that the patient received MER therapy at your facility

Field Values
- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Additional Information
- MER time should be the time when reperfusion was accomplished

Uses
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy
- OR records
- Other hospital records

TYPE OF MER TREATMENT

Definition
Checkbox indicating the type of MER treatment that was used

Field Values
- **ER:** Endovascular clot retrieval device
- **EA:** Endovascular aspiration device (clot suction)
- **AN:** Intracranial angioplasty with/without permanent stenting
- **OT:** Other

Additional Information
- Clot retrieval devices include Stentriever, MERCI and similar devices
- Aspiration or clot suction devices include Penumbra and similar devices

Uses
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- Radiology records
- OR records
- Billing sheet / Medical records coding summary sheet
- Progress notes
- Other hospital records

MER TREATMENT TYPE, IF OTHER

Definition

Field provided to specify type of MER therapy not identified in the "Type of MER Treatment" picklist

Field Values

- Free text comment field

Additional Information

- Required field if "Other" is chosen as in the "Type of MER Treatment" field

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Billing sheet / Medical records coding summary sheet
- Progress notes
- Other hospital records

TICI SCORE

Definition

Checkbox indicating the thrombolysis in cerebral infarction (TICI) post-treatment score after intra-arterial thrombolytic therapy or MER

Field Values

- **0:** no perfusion
- **1:** perfusion past the initial occlusion but no distal branch filling
- **2:** perfusion with incomplete or slow distal branch filling
- **3:** full perfusion with filling of all distal branches

Additional Information

- Used only in patients with a diagnosis of ischemic stroke

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment

Data Source Hierarchy

- OR records
- Progress notes
- Other hospital records

OUTCOMES

ED DISPOSITION

Definition

Checkbox indicating the patient's next phase of care after the Emergency Department (ED)

Field Values

- **OR:** Patient went to the OR from the ED
- **ICU:** Patient was admitted to the ICU from the ED
- **Stepdown/Tele:** Patient was admitted to Stepdown/Tele Unit from the ED
- **Ward:** Patient was admitted to a Ward from the ED
- **<24 Obs:** Patient was admitted to <24 Obs. Unit from the ED
- **Neuro IR Rad:** Patient went to Neuro IR Radiology from the ED
- **Post Hosp:** Patient was discharged from the ED or died in the ED

Additional Information

- If "Post Hosp" is checked, "Hosp. Disposition" field is required

Uses

- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- Billing sheet / Medical records coding summary sheet
- Other hospital records
- Hospital discharge summary

HOSP. DISCHARGE DATE

Definition

Date the patient was discharged from the acute care unit at your facility

Field Values

- Collected as MMDDYYYY

Additional Information

- Applicable when the patient:
    - Expires
    - Is discharged home
    - Leaves against medical advice (AMA)
    - Leaves without being seen or elopes (LWBS)
    - Is transferred to a rehabilitation, skilled nursing, or hospice unit at your facility
    - Is transferred to an acute inpatient unit at another facility

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet

HOSP. DISPOSITION

Definition

Checkbox indicating the patient's destination upon discharge from the acute care unit at your facility

Field Values

- **HOM:** Previous place of residence
- **ACF:** Acute care facility
- **SNF:** Skilled nursing facility
- **REH:** Rehab center
- **HOS:** Hospice
- **AMA:** AMA/Eloped/LWBS
- **MOR:** Morgue/Mortuary
- **ND:** Not documented

Additional Information

- Disposition of rehab includes rehabs located within an acute care facility

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring
- Epidemiological statistics

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet

RATIONALE FOR DISPOSITION TO AN ACUTE CARE FACILITY

Definition

Checkbox indicating the primary reason for hospital disposition to an acute care facility

Field Values

- **F:** Financial health plan
- **H:** Higher level or specialized care
- **OT:** Other
- **ND:** Not documented

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet

RATIONALE FOR DISPOSITION, IF OTHER

Definition
Field provided to specify the rationale for disposition to an acute care facility not identified in the "Rationale for Disposition to an Acute Care Facility" picklist

Field Values
- Free text comment field

Additional Information
- Required field if "Other" is chosen in the "Rationale for Disposition to an Acute Care Facility" field

Uses
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet

TRANSFERRED TO

Definition

Code indicating to which acute care facility the patient was transferred to

Field Values

LOS ANGELES COUNTY 9-1-1 RECEIVING HOSPITALS			
ACH	Alhambra Hospital Med Center	LBM	Long Beach Memorial Medical Ctr.
AHM	Catalina Island Medical Center	LCH	Palmdale Regional Medical Ctr.
AMH	Methodist Hosp. of So. California	LCM	Providence Little Company of Mary – Torrance
AVH	Antelope Valley Hospital		
BEL	Bellflower Medical Center	MHG	Memorial Hospital of Gardena
BEV	Beverly Hospital	MID	Olympia Medical Center
BMC	So. California Hosp. at Culver City	MPH	Monterey Park Hospital
CAL	California Hospital Medical Center	NOR	Norwalk Community Hospital
CHH	Children's Hospital Los Angeles	NRH	Northridge Hospital Medical Ctr.
CNT	Centinela Hospital Medical Center	OTH	Other Hospital Not on List
CPM	Coast Plaza Doctors Hospital	OVM	LAC Olive View-UCLA Med. Ctr.
CSM	Cedars-Sinai Medical Center	PAC	Pacifica Hospital of the Valley
DCH	PIH Health Hospital – Downey	PIH	PIH Health Hospital – Whittier
DFM	Marina Del Rey Hospital	PLB	College Medical Center
DHL	Lakewood Regional Medical Ctr.	PVC	Pomona Valley Hosp. Medical Ctr.
ELA	East Los Angeles Doctors Hosp.	QOA	Hollywood Presbyterian Med. Ctr.
ENH	Encino Hospital Medical Center	QVH	Citrus Valley Medical Center – Queen of the Valley
FPH	Foothill Presbyterian Hospital		
GAR	Garfield Medical Center	SAC	San Antonio Community Hospital
GEM	Greater El Monte Comm. Hosp.	SDC	San Dimas Community Hospital
GMH	Glendale Mem. Hosp. & Hlth. Ctr.	SFM	Saint Francis Medical Center
GSH	Good Samaritan Hospital	SGC	San Gabriel Valley Medical Ctr.
GWT	Glendale Adventist Medical Ctr.	SJH	Saint John's Health Center
HCH	Providence Holy Cross Med. Ctr.	SJS	Providence Saint Joseph Med. Ctr.
HEV	East Valley Hospital Medical Ctr.	SMH	Santa Monica-UCLA Medical Ctr.
HGH	LAC Harbor-UCLA Medical Center	SMM	Saint Mary Medical Center
HMH	Huntington Memorial Hospital	SOC	Sherman Oaks Hospital
HMN	Henry Mayo Newhall Mem. Hosp.	SPP	Providence Little Company of Mary – San Pedro
HWH	West Hills Hospital and Med. Ctr.		
ICH	Citrus Valley Medical Center – Intercommunity Campus	TOR	Torrance Memorial Medical Ctr.
		TRI	Tri-City Regional Medical Center
KFA	Kaiser Baldwin Park Medical Ctr.	TRM	Providence Tarzana Medical Ctr.
KFB	Kaiser Downey Medical Center	UCL	Ronald Reagan UCLA Med. Ctr.
KFH	Kaiser South Bay Medical Ctr.	USC	LAC+USC Medical Center
KFL	Kaiser Los Angeles Med Ctr.	VHH	USC Verdugo Hills Hospital
KFO	Kaiser Woodland Hills Med. Ctr.	VPH	Valley Presbyterian Hospital
KFP	Kaiser Panorama City Med. Ctr.	WHH	Whittier Hospital Medical Center
KFW	Kaiser West L.A. Medical Ctr.	WMH	White Memorial Med Ctr.
LBC	Community Hosp. of Long Beach		

ORANGE COUNTY 9-1-1 RECEIVING HOSPITALS			
ANH	Anaheim Memorial Hospital	LPI	La Palma Intercommunity Hosp.
FHP	Fountain Valley Regional Hospital and Medical Center	MCP	Mission Community Hospital
		PLH	Placentia Linda Hospital
KHA	Kaiser Permanente Orange County Anaheim Medical Center	SJD	Saint Jude Medical Center
		UCI	UC Irvine Medical Center
LAG	Los Alamitos Medical Center		
SAN BERNADINO COUNTY 9-1-1 RECEIVING HOSPITALS			
CHI	Chino Valley Medical Center	DHM	Montclair Hospital Medical Ctr.
OTHER COUNTY 9-1-1 RECEIVING HOSPITALS			
LRR	Los Robles Hosp. and Med Ctr.	SJO	Saint John's Regional Med Ctr.

- **ND:** Not documented

Uses
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy
- Facesheet
- ED records
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

MODIFIED RANKIN PERFORMED AT DISCHARGE?

Definition

Checkbox indicating whether the Modified Rankin Scale was performed on the patient at discharge from the acute care unit at your facility

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Uses

- Provides documentation of assessment and/or care
- Assists with determination of outcome
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet
- Other hospital records

MODIFIED RANKIN SCALE

Definition

The numerical value of the Modified Rankin Scale

Field Values

- **0:** No disability
- **1:** No significant disability despite symptoms, able to carry out all usual duties and activities
- **2:** Slight disability, unable to carry out all routine activities, but able to look after own affairs without assistance
- **3:** Moderate Disability, requiring some help, but able to walk without assistance from a person
- **4:** Moderate-Severe disability, unable to walk without assistance, OR, unable to attend to own bodily needs without assistance from a person
- **5:** Severe disability, bedridden, incontinent, and requiring constant nursing care
- **6:** Dead
- **ND:** Not documented

Uses

- Provides documentation of assessment and/or care
- Assists with determination of outcome
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet
- Other hospital records

FINAL CLINICAL DIAGNOSIS

Definition
Checkbox indicating the condition thought to be chiefly responsible for the patient's current event

Field Values
- **ISC:** Ischemic Stroke
- **TIA:** Transient ischemic attack
- **SAH:** Subarachnoid hemorrhage
- **ICH:** Intracerebral hemorrhage
- **STR:** Stroke, not otherwise specified
- **NO:** No stroke-related diagnosis

Additional Information
- Select most significant option based on the clinical information found in the medical record

Uses
- Assists with determination of appropriate treatment
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- Hospital discharge summary
- Progress notes

STROKE RELATED ICD10 CODE

Definition
Indicates the patient's clinical hospital diagnosis or diagnoses related to stroke

Field Values
- I60.00-I60.9 - Non-traumatic subarachnoid hemorrhage
- I61.0-I61.9 - Non-traumatic intracerebral hemorrhage
- I63.00-I63.9 - Cerebral infarction (occlusion and stenosis of cerebral and precerebral arteries, resulting in cerebral infarction)
- G45.0-G45.2 – TIA and related syndromes
- G45.8-G45.9 – Other TIAs and related syndromes
- O99.411-O99.43 – Diseases of the circulatory system complicating pregnancy, childbirth, and puerperium

Uses
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy
- Hospital discharge summary
- Progress notes
- Other hospital records